DE(AD)406, Rev. 05/04

STATE OF NEBRASKA





DIRECT PURCHASE AUTHORIZATION

PROVIDE	R				DPA #:				
					DATE:				
ABN:									
DELIVER	TO:		SEND II	NVOICE 1	·O:				
DELIVER			OLIVD II	110102	<u>. </u>				
	CONTACT:		PHONE:						
						Unit			_
Item	Description			Quantity	Unit	Price		Amount	
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							\$	-	
							\$	-	
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Reason f	or Purchase:					Total	Ψ	_	
						*Shipping			_
					To	tal Purchase		-	
				*Shipping & Handling will be paid at invo					Ce
					Jpp5	,g			
Quotes:			Order In	nformatio	n/Confirma	ition #			
				Goods received, quantity and quality veri					
Authorizing Signature Date			Goods	received.	quantity and	quality verified.		Date	

Payment Terms: Acceptance of this Direct Purchase Authorization (DPA) constitutes your agreement to sell the items listed at the quantity and price per unit indicated. If the price listed is inaccurate, please contact us prior to filling the order. Payment cannot exceed the amount authorized on this DPA. Acceptance of this DPA constitutes your agreement that you are committed to providing a drug free work place environment.